2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 09, 2008 08:00 A Secretary of State **DOCUMENT # P02000023354** 1. Entity Name DIKO SERVICE CORP Principal Place of Business Mailing Address 11361 N.W. 42 TERRACE 11361 N.W. 42 TERRACE MIAMI, FL 33178 MIAMI, FL 33178 01052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 02-0564524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIKO, JUAN MARTIN DO NOT WRITE 11361 N.W. 42 TERRACE MIAMI, FL 33178 IN THIS SPACE 8. The above named critisy submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with and accept the obligations of registered ages SIGNATURE. Signature, typey or printed ris il and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 16 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVSD TOLE DIKO, JUAN MARTIN NAME STREET ADDRESS 11361 N.W. 42 TERRACE CITY-ST-ZIP MIAMI, FL 33178 U00000776779 01/09/08-80039-009 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addrigss, with all their like empowered.

ED NAME OF BIGNING OFFICER OR DIRECTOR

FILED